



General Assembly

February Session, 2000

Raised Bill No. 164

LCO No. 719

Referred to Committee on Program Review and Investigations

Introduced by:
(PRI)

An Act Implementing The Recommendations Of The Legislative Program Review And Investigations Committee Concerning The Regulation Of Emergency Medical Services, Phase Two.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-175 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 As used in this chapter, unless the context otherwise requires:

4 (1) "Emergency medical service system" means a system which
5 provides for the arrangement of personnel, facilities and equipment for
6 the efficient, effective and coordinated delivery of health care services
7 under emergency conditions;

8 (2) "Patient" means an injured, ill, crippled or physically
9 handicapped person requiring assistance and transportation;

10 (3) "Ambulance" means a motor vehicle specifically designed to
11 carry patients;

12 (4) "Ambulance service" means an organization which transports

13 patients;

14 (5) "Emergency medical technician" means an individual who has
15 successfully completed the training requirements established by the
16 [Commissioner of Public Health] commissioner and has been certified
17 by the Department of Public Health;

18 (6) "Ambulance driver" means a person whose primary function is
19 driving an ambulance;

20 (7) "Emergency medical technician instructor" means a person who
21 is certified by the Department of Public Health to teach courses, the
22 completion of which is required in order to become an emergency
23 medical technician;

24 (8) "Communications facility" means any facility housing the
25 personnel and equipment for handling the emergency communications
26 needs of a particular geographic area;

27 (9) "Life saving equipment" means equipment used by emergency
28 medical personnel for the stabilization and treatment of patients;

29 (10) "Emergency medical service organization" means any
30 organization whether public, private or voluntary which offers
31 transportation or treatment services to patients under emergency
32 conditions;

33 (11) "Invalid coach" means a vehicle used exclusively for the
34 transportation of nonambulatory patients, who are not confined to
35 stretchers, to or from either a medical facility or the patient's home in
36 nonemergency situations or utilized in emergency situations as a
37 backup vehicle when insufficient emergency vehicles exist;

38 (12) "Rescue service" means any organization, whether profit or
39 nonprofit, whose primary purpose is to search for persons who have
40 become lost or to render emergency service to persons who are in
41 dangerous or perilous circumstances;

42 (13) "Provider" means any person, corporation or organization,
43 whether profit or nonprofit, whose primary purpose is to deliver
44 medical care or services, including such related medical care services
45 as ambulance transportation;

46 (14) "Commissioner" means the Commissioner of Public Health;

47 (15) "Paramedic" means a person licensed pursuant to section 20-
48 206ll;

49 (16) "Commercial ambulance service" means an ambulance service
50 which primarily operates for profit;

51 (17) "Licensed ambulance service" means a commercial ambulance
52 service or a volunteer or municipal ambulance service issued a license
53 by the commissioner;

54 (18) "Certified ambulance [services] service" means a municipal or
55 volunteer ambulance service issued a certificate by the commissioner;

56 (19) "Management service" means an organization which provides
57 emergency medical technicians or paramedics to any entity including
58 an ambulance service but does not include a commercial ambulance
59 service or a volunteer or municipal ambulance service; [and]

60 (20) "Automatic external defibrillator" means a device that: (A) Is
61 used to administer an electric shock through the chest wall to the heart;
62 (B) contains internal decision-making electronics, microcomputers or
63 special software that allows it to interpret physiologic signals, make
64 medical diagnosis and, if necessary, apply therapy; (C) guides the user
65 through the process of using the device by audible or visual prompts;
66 and (D) does not require the user to employ any discretion or
67 judgment in its use;

68 (21) "Nontransport emergency vehicle" means a vehicle used by
69 emergency medical technicians or paramedics in responding to
70 emergency calls that is not used to carry patients; and

71 (22) "Mutual aid call" means a call for emergency medical services
72 that, pursuant to the terms of a written agreement, is responded to by a
73 secondary or alternate emergency medical services provider if the
74 primary or designated emergency medical services provider is unable
75 to respond because such primary or designated provider is responding
76 to another call for emergency medical services or the ambulance or
77 nontransport emergency vehicle operated by such primary or
78 designated provider is out of service.

79 Sec. 2. Section 19a-177 of the general statutes is repealed and the
80 following is substituted in lieu thereof:

81 The commissioner shall:

82 (1) With the advice of the Office of Emergency Medical Services
83 established pursuant to section 19a-178 and of an advisory committee
84 on emergency medical services and with the benefit of meetings held
85 pursuant to subsection (b) of section 19a-184, adopt every five years a
86 state-wide plan for the coordinated delivery of emergency medical
87 services;

88 (2) License or certify the following: (A) Ambulance operations,
89 ambulance drivers, emergency medical technicians and
90 communications personnel; (B) emergency room facilities and
91 communications facilities; and (C) transportation equipment, including
92 land, sea and air vehicles used for transportation of patients to
93 emergency facilities and periodically inspect life saving equipment,
94 emergency facilities and emergency transportation vehicles to insure
95 that state standards are maintained;

96 (3) Annually inventory emergency medical services resources
97 within the state, including facilities, equipment, and personnel, for the
98 purposes of determining the need for additional services and the
99 effectiveness of existing services;

100 (4) Review and evaluate all area-wide plans developed by the

101 emergency medical services councils pursuant to section 19a-182 in
102 order to insure conformity with standards issued by [said] the
103 commissioner;

104 (5) Within thirty days of their receipt, review all grant and contract
105 applications for federal or state funds concerning emergency medical
106 services or related activities for conformity to policy guidelines and
107 forward such application to the appropriate agency, when required;

108 (6) Establish such minimum standards and adopt such regulations,
109 in accordance with the provisions of chapter 54, as may be necessary to
110 develop the following components of an emergency medical service
111 system: (A) Communications, which shall include, but not be limited
112 to, equipment, radio frequencies and operational procedures; (B)
113 transportation services, which shall include, but not be limited to,
114 vehicle type, design, condition and maintenance, life saving equipment
115 and operational procedure; (C) training, which shall include, but not
116 be limited to, emergency medical technicians, communications
117 personnel, paraprofessionals associated with emergency medical
118 services, firefighters and state and local police; and (D) emergency
119 medical service facilities, which shall include, but not be limited to,
120 categorization of emergency departments as to their treatment
121 capabilities and ancillary services;

122 (7) Coordinate training of all personnel related to emergency
123 medical services;

124 (8) [Develop] (A) Not later than January 1, 2001, develop or cause to
125 be developed a data collection system [which shall include a method of
126 uniform patient record keeping which] that will follow a patient from
127 initial entry into the emergency medical service system through
128 [discharge from] arrival at the emergency room. The commissioner
129 shall, on a monthly basis, collect the following information from each
130 person or emergency medical service organization licensed or certified
131 under section 19a-180, as amended by this act, that provides
132 emergency medical services: (i) The total number of calls for

133 emergency medical services received by such person or emergency
 134 medical service organization during the reporting month; (ii) each
 135 level of emergency medical services, as defined in regulations adopted
 136 pursuant to section 19a-179, required for each such call; (iii) the
 137 response time for each level of emergency medical services furnished
 138 during the reporting month; (iv) the number of passed calls, cancelled
 139 calls and mutual aid calls during the reporting month; and (v) for the
 140 reporting month, the prehospital data for the nonscheduled transport
 141 of trauma patients required by regulations adopted pursuant to
 142 subdivision (6) of this section. The information required under this
 143 subdivision may be submitted in any written or electronic form
 144 selected by such person or emergency medical service organization
 145 and approved by the commissioner, provided the commissioner shall
 146 take into consideration the needs of such person or emergency medical
 147 service organization in approving such written or electronic form. The
 148 commissioner may conduct an audit of any such person or emergency
 149 medical service organization as the commissioner deems necessary in
 150 order to verify the accuracy of such reported information.

151 (B) The commissioner shall prepare a report that shall include, but
 152 not be limited to, the following information: (i) The total number of
 153 calls for emergency medical services received during the reporting
 154 year by each person or emergency medical service organization
 155 licensed or certified under section 19a-180, as amended by this act; (ii)
 156 the level of emergency medical services required for each such call; (iii)
 157 the name of the provider of each such level of emergency medical
 158 services furnished during the reporting year; (iv) the response time, by
 159 time ranges or fractile response times, for each such level of emergency
 160 medical service, using a common definition of response time, as
 161 provided in regulations adopted pursuant to section 19a-179; and (v)
 162 the number of passed calls, cancelled calls and mutual aid calls during
 163 the reporting year. The commissioner shall prepare such report in a
 164 format that categorizes such information for each municipality in
 165 which the emergency medical services were provided, with each such
 166 municipality grouped according to urban, suburban and rural

167 classifications. Not later than March 31, 2002, and annually thereafter,
168 the commissioner shall submit such report to the joint standing
169 committee of the General Assembly having cognizance of matters
170 relating to public health, shall make such report available to the public
171 and shall post such report on the Department of Public Health web site
172 on the Internet.

173 (C) If any person or emergency medical service organization
174 licensed or certified under section 19a-180, as amended by this act,
175 does not submit the information required under subparagraph (A) of
176 this subdivision for a period of six consecutive months, or if the
177 commissioner believes that such person or emergency medical service
178 organization knowingly or intentionally submitted incomplete or false
179 information, the commissioner shall issue a written order directing
180 such person or emergency medical service organization to comply
181 with the provisions of subparagraph (A) of this subdivision and
182 submit all missing information or such corrected information as the
183 commissioner may require. If such person or emergency medical
184 service organization fails to fully comply with such order not later than
185 three months from the date such order is issued, the commissioner
186 shall conduct a hearing, in accordance with chapter 54, at which such
187 person or emergency medical service organization shall be required to
188 show cause why the primary service area assignment of such person or
189 emergency medical service organization should not be revoked; and

190 (9) (A) Establish rates for the conveyance of patients by licensed
191 ambulance services and invalid coaches and establish an emergency
192 service rate for certified ambulance services, provided the present rates
193 established [by the Public Utilities Commission] for such services and
194 vehicles shall remain in effect until such time as the commissioner
195 establishes a new rate schedule as provided [herein,] in this
196 subdivision; and (B) adopt regulations, in accordance with the
197 provisions of chapter 54, establishing methods for setting rates and
198 conditions for charging such rates. Such regulations shall include, but
199 not be limited to, provisions requiring that on and after July 1, 2000: (i)

200 Requests for rate increases may be filed no more frequently than once
 201 a year; (ii) only licensed ambulance services and certified ambulance
 202 services that apply for a rate increase shall be required to file detailed
 203 financial information with the commissioner; (iii) licensed ambulance
 204 services and certified ambulance services that do not apply for a rate
 205 increase in any year shall, not later than July fifteenth of such year, file
 206 with the commissioner an audited summary financial statement
 207 including total revenue and total expenses, a statement of emergency
 208 and nonemergency call volume, and a written declaration that no
 209 change in the currently effective maximum rates has occurred; and (iv)
 210 detailed financial and operational information filed by licensed
 211 ambulance services and certified ambulance services to support a
 212 request for a rate increase shall cover the time period from the date of
 213 the last increase in rates approved by the commissioner to the date of
 214 such request.

215 Sec. 3. Section 19a-180 of the general statutes is repealed and the
 216 following is substituted in lieu thereof:

217 (a) No person shall operate any ambulance service, rescue service or
 218 management service without either a license or a certificate issued by
 219 the [Commissioner of Public Health] commissioner. No person shall
 220 operate a commercial ambulance service or commercial rescue service
 221 or a management service without a license issued by the
 222 commissioner. A certificate shall be issued to any volunteer or
 223 municipal ambulance service which shows proof satisfactory to the
 224 commissioner that it meets the minimum standards of the
 225 commissioner in the areas of training, equipment and personnel.
 226 Applicants for a license shall use the forms prescribed by the
 227 commissioner and shall submit such application to the commissioner
 228 accompanied by an annual fee of one hundred dollars. In considering
 229 requests for approval of permits for new or expanded emergency
 230 medical services in any region, the commissioner shall consult with the
 231 Office of Emergency Medical Services and the emergency medical
 232 services council of such region and shall hold a public hearing to

233 determine the necessity for such services. Written notice of such
234 hearing shall be given to current providers in the geographic region
235 where such new or expanded services would be implemented,
236 provided, [that] any volunteer ambulance service which elects not to
237 levy charges for services rendered under this chapter shall be exempt
238 from the provisions concerning requests for approval of permits for
239 new or expanded emergency medical services [,] set forth [above] in
240 this subsection. Each applicant for licensure shall furnish proof of
241 financial responsibility which the commissioner deems sufficient to
242 satisfy any claim. The commissioner may adopt regulations, in
243 accordance with the provisions of chapter 54, to establish satisfactory
244 kinds of coverage and limits of insurance for each applicant for either
245 licensure or certification. Until such regulations are adopted, the
246 following shall be the required limits for licensure: (1) For damages by
247 reason of personal injury to, or the death of, one person on account of
248 any accident, at least five hundred thousand dollars, and more than
249 one person on account of any accident, at least one million dollars, (2)
250 for damage to property at least fifty thousand dollars, and (3) for
251 malpractice in the care of one passenger at least two hundred fifty
252 thousand dollars, and for more than one passenger at least five
253 hundred thousand dollars. In lieu of the [foregoing] limits set forth in
254 subdivisions (1) to (3), inclusive, of this subsection, a single limit of
255 liability shall be allowed as follows: (A) For damages by reason of
256 personal injury to, or death of, one or more persons and damage to
257 property, at least one million dollars; and (B) for malpractice in the
258 care of one or more passengers, at least five hundred thousand dollars.
259 A certificate of such proof shall be filed with the commissioner. Upon
260 determination by the commissioner that an applicant is financially
261 responsible, properly certified and otherwise qualified to operate a
262 commercial ambulance service, the commissioner shall issue a license
263 effective for one year to such applicant. If the commissioner
264 determines that an applicant for either a certificate or license is not so
265 qualified, the commissioner shall notify such applicant of the denial of
266 his application with a statement of the reasons for such denial. Such

267 applicant shall have thirty days to request a hearing on the denial of
268 said application.

269 (b) Any person or emergency medical [services] service
270 organization which does not maintain standards or violates
271 regulations adopted under any section of this chapter applicable to
272 such person or organization may have [his or its] such person's or
273 organization's license or certification suspended or revoked or may be
274 subject to any other disciplinary action specified in section 19a-17 after
275 notice by certified mail to such person or organization of the facts or
276 conduct which warrant the intended action. Such person or emergency
277 medical [services] service organization shall have an opportunity to
278 show compliance with all requirements for the retention of such
279 certificate or license. In the conduct of any investigation by the
280 commissioner of alleged violations of the standards or regulations
281 adopted under the provisions of this chapter, the commissioner may
282 issue subpoenas requiring the attendance of witnesses and the
283 production by any medical [services] service organization or person of
284 reports, records, tapes or other documents which concern the
285 allegations under investigation. All records obtained by the
286 commissioner in connection with any such investigation shall not be
287 subject to the provisions of section 1-210, as amended, for a period of
288 six months from the date of the petition or other event initiating such
289 investigation, or until such time as the investigation is terminated
290 pursuant to a withdrawal or other informal disposition or until a
291 hearing is convened pursuant to chapter 54, whichever is earlier. A
292 complaint, as defined in subdivision (6) of section 19a-13, shall be
293 subject to the provisions of section 1-210, as amended, from the time
294 that it is served or mailed to the respondent. Records which are
295 otherwise public records shall not be deemed confidential merely
296 because they have been obtained in connection with an investigation
297 under this chapter.

298 (c) Any person or emergency medical service organization
299 aggrieved by an act or decision of the commissioner regarding

300 certification or licensure may appeal in the manner provided by
301 chapter 54.

302 (d) Any person guilty of any of the following acts shall be fined not
303 more than two hundred fifty dollars, or imprisoned not more than
304 three months, or be both fined and imprisoned: (1) In any application
305 to the commissioner or in any proceeding before or investigation made
306 by the commissioner, knowingly making any false statement or
307 representation, or, with knowledge of its falsity, filing or causing to be
308 filed any false statement or representation in a required application or
309 statement; (2) issuing, circulating or publishing or causing to be issued,
310 circulated or published any form of advertisement or circular for the
311 purpose of soliciting business which contains any statement that is
312 false or misleading, or otherwise likely to deceive a reader thereof,
313 with knowledge that it contains such false, misleading or deceptive
314 statement; (3) giving or offering to give anything of value to any
315 person for the purpose of promoting or securing ambulance or rescue
316 service business or obtaining favors relating thereto; (4) administering
317 or causing to be administered, while serving in the capacity of an
318 employee of any licensed ambulance or rescue service, any alcoholic
319 liquor to any patient in [his] such employee's care, except under the
320 supervision and direction of a licensed physician; (5) in any respect
321 wilfully violating or failing to comply with any provision of this
322 chapter or wilfully violating, failing, omitting or neglecting to obey or
323 comply with any regulation, order, decision or license, or any part or
324 provisions thereof; (6) with one or more other persons, conspiring to
325 violate any license or order issued by the commissioner or any
326 provision of this chapter.

327 (e) No person shall place any advertisement or produce any printed
328 matter that holds that person out to be an ambulance service unless
329 [he] such person is licensed or certified pursuant to this section. Any
330 such advertisement or printed matter shall include the license or
331 certificate number issued by the commissioner.

332 (f) A person or emergency medical service organization licensed or
 333 certified under this section may operate any number of ambulances,
 334 invalid coaches and nontransport emergency vehicles and any number
 335 of branch locations as such person or emergency medical service
 336 organization deems necessary to provide adequate service, provided
 337 such operation is not a new service offered by such person or
 338 emergency medical service organization and does not result in any
 339 change in rates. A permit for new or expanded emergency medical
 340 services under subsection (a) of this section shall not be required for
 341 increasing or decreasing the number of ambulances, invalid coaches,
 342 nontransport emergency vehicles or branch locations permitted under
 343 this subsection. Each person or emergency medical service
 344 organization shall, on an annual basis, provide written notice to the
 345 commissioner of the number of ambulances, invalid coaches,
 346 nontransport emergency vehicles and branch locations operated by
 347 such person or emergency medical service organization. If, during any
 348 proceeding to establish rates for such person or emergency medical
 349 service organization under section 19a-177, as amended by this act, the
 350 commissioner finds that the number of such ambulances, invalid
 351 coaches, nontransport emergency vehicles or branch locations is
 352 excessive, the commissioner may disallow the expenses related to such
 353 ambulances, invalid coaches, nontransport emergency vehicles or
 354 branch locations for purposes of establishing such rates.

355 Sec. 4. Subsection (c) of section 28-24 of the general statutes is
 356 repealed and the following is substituted in lieu thereof:

357 (c) Within a time period determined by the commissioner to ensure
 358 the availability of funds for the fiscal year beginning July 1, 1997, to the
 359 regional public safety emergency telecommunications centers within
 360 the state, and not later than April first of each year thereafter, the
 361 commissioner shall determine the amount of funding needed for the
 362 development and administration of the enhanced emergency 9-1-1
 363 program. The commissioner shall specify the expenses associated with
 364 (1) the purchase, installation and maintenance of new public safety

365 answering point terminal equipment, (2) the implementation of the
 366 subsidy program, as described in subdivision (2) of subsection (a) of
 367 this section, (3) the implementation of the transition grant program,
 368 described in subdivision (2) of subsection (a) of this section, (4) the
 369 implementation of the regional emergency telecommunications service
 370 credit, as described in subdivision (2) of subsection (a) of this section,
 371 (5) the training of personnel, as necessary, (6) recurring expenses and
 372 future capital costs associated with the telecommunications network
 373 used to provide emergency 9-1-1 service, [and] (7) for the fiscal year
 374 beginning July 1, 2000, and each fiscal year thereafter, the collection,
 375 maintenance and reporting of emergency medical services data, as
 376 required under subsection (f) of section 28-25b, as amended by this act,
 377 provided the amount of expenses specified under this subdivision
 378 shall not exceed two hundred fifty thousand dollars in any fiscal year,
 379 (8) for the fiscal year beginning July 1, 2000, and each fiscal year
 380 thereafter, the reimbursement of emergency medical dispatch start-up
 381 costs pursuant to subdivision (4) of subsection (g) of section 28-25b, as
 382 amended by this act, and (9) the administration of the enhanced
 383 emergency 9-1-1 program by the Office of State-Wide Emergency
 384 Telecommunications, as the commissioner determines to be reasonably
 385 necessary. The commissioner shall communicate [his] the
 386 commissioner's findings to the [chairman] chairperson of the Public
 387 Utilities Control Authority not later than April first of each year.

388 Sec. 5. Section 28-25 of the general statutes is amended by adding
 389 subdivision (15) as follows:

390 (NEW) (15) "Emergency medical dispatch" means the management
 391 of requests for emergency medical assistance by utilizing a system of
 392 (A) tiered response or priority dispatching of emergency medical
 393 resources based on the level of medical assistance needed by the
 394 victim, and (B) prearrival first aid or other medical instructions given
 395 by trained personnel who are responsible for receiving 9-1-1 calls and
 396 directly dispatching emergency response services.

397 Sec. 6. Section 28-25b of the general statutes is repealed and the
398 following is substituted in lieu thereof:

399 (a) Each public safety answering point shall be capable of
400 transmitting requests for law enforcement, fire fighting, medical,
401 ambulance or other emergency services to a public or private safety
402 agency that provides the requested services.

403 (b) Each public safety answering point shall be equipped with a
404 system approved by the office for the processing of requests for
405 emergency services from the physically disabled.

406 (c) No person shall connect to a telephone company's network any
407 automatic alarm or other automatic alerting device which causes the
408 number "9-1-1" to be automatically dialed and provides a prerecorded
409 message in order to directly access emergency services, except for a
410 device approved by the office and required by a physically disabled
411 person to access a public safety answering point.

412 (d) Except as provided in subsection (e) of this section, no person,
413 firm or corporation shall program any telephone or associated
414 equipment with outgoing access to the public switched network of a
415 telephone company so as to prevent a 9-1-1 call from being transmitted
416 from such telephone to a public safety answering point.

417 (e) A private company, corporation or institution which has full-
418 time law enforcement, fire fighting and emergency medical service
419 personnel, with the approval of the office and the municipality in
420 which it is located, may establish 9-1-1 service to enable users of
421 telephones within their private branch exchange to reach a private
422 safety answering point by dialing the digits "9-1-1". Such 9-1-1 service
423 shall provide the capability to deliver and display automatic number
424 identification and automatic location identification by electronic or
425 manual methods approved by the office to the private safety
426 answering point. Prior to the installation and utilization of such 9-1-1
427 service, each municipality in which it will function, shall submit a

428 private branch exchange 9-1-1 utilization plan to the office in a format
429 approved by the office. Such plan shall be approved by the chief
430 executive officer of such municipality who shall attest that the dispatch
431 of emergency response services from a private safety answering point
432 is equal to, or better than, the emergency response services dispatched
433 from a public safety answering point.

434 (f) On and after January 1, 2001, each public safety answering point
435 shall submit to the office, on a quarterly basis, a report of the calls for
436 emergency medical services received by the public safety answering
437 point. Such report shall include, but not be limited to, the following
438 information: (1) The number of 9-1-1 calls during the reporting quarter
439 that involved a medical emergency; and (2) for each such call, the
440 elapsed time period from the time the call was received to the time the
441 call was answered, and the elapsed time period from the time the call
442 was answered to the time emergency response services were
443 dispatched or the call was transferred or relayed to another public
444 safety agency or private safety agency, expressed in time ranges or
445 fractile response times. On an annual basis, the office shall furnish
446 such information to the Commissioner of Public Health, shall make
447 such information available to the public and shall post such
448 information on its web site on the Internet.

449 (g) (1) Not later than July 1, 2004, each public safety answering point
450 shall provide emergency medical dispatch, or shall arrange for
451 emergency medical dispatch to be provided by a public safety agency,
452 private safety agency or regional emergency telecommunications
453 center, in connection with all 9-1-1 calls received by such public safety
454 answering point for which emergency medical services are required.
455 Any public safety answering point that arranges for emergency
456 medical dispatch to be provided by a public safety agency, private
457 safety agency or regional emergency telecommunications center shall
458 file with the office such documentation as the office may require to
459 demonstrate that such public safety agency, private safety agency or

460 regional emergency telecommunications center satisfies the
461 requirements of subdivisions (2) and (3) of this subsection.

462 (2) Each public safety answering point, public safety agency, private
463 safety agency or regional emergency telecommunications center
464 performing emergency medical dispatch in accordance with
465 subdivision (1) of this subsection shall establish and maintain an
466 emergency medical dispatch program. Such program shall include, but
467 not be limited to, the following elements: (A) Medical interrogation,
468 dispatch prioritization and prearrival instructions in connection with
469 9-1-1 calls requiring emergency medical services shall be provided
470 only by personnel who have been trained in emergency medical
471 dispatch through satisfactory completion of a training course provided
472 or approved by the office under subdivision (3) of this subsection; (B) a
473 medically approved emergency medical dispatch priority reference
474 system shall be utilized by such personnel; (C) emergency medical
475 dispatch continuing education shall be provided for such personnel;
476 (D) a mechanism shall be employed to detect and correct discrepancies
477 between established emergency medical dispatch protocols and actual
478 emergency medical dispatch practice; and (E) a quality assurance
479 component shall be implemented to monitor, at a minimum, (i)
480 emergency medical dispatch time intervals, (ii) the utilization of
481 emergency medical dispatch program components, and (iii) the
482 appropriateness of emergency medical dispatch instructions and
483 dispatch protocols. The quality assurance component shall provide for
484 an ongoing review of the effectiveness of the emergency medical
485 dispatch program by a physician trained in emergency medicine.

486 (3) Not later than July 1, 2001, the office shall provide an emergency
487 medical dispatch training course, or approve any emergency medical
488 dispatch training course offered by other providers, that meets the
489 requirements of the U.S. Department of Transportation, National
490 Highway Traffic Safety Administration, Emergency Medical Dispatch
491 (EMD): National Standard Curriculum, as from time to time amended.

492 (4) The office shall reimburse each public safety answering point or
493 regional emergency telecommunications center performing emergency
494 medical dispatch in accordance with subdivision (1) of this subsection
495 for start-up costs related to the initial training of emergency medical
496 dispatch personnel and the purchase of an emergency medical
497 dispatch priority reference card set. Before any such reimbursement is
498 approved, the office shall require proof satisfactory to the office that
499 the public safety answering point or regional emergency
500 telecommunications center has established an emergency medical
501 dispatch program in compliance with subdivision (2) of this
502 subsection.

503 Sec. 7. (NEW) Notwithstanding any provision of the general statutes
504 or any Regulation of Connecticut State Agencies, for the fiscal year
505 ending June 30, 2001, and each fiscal year thereafter, the Commissioner
506 of Social Services shall establish the Medicaid rate for basic life support
507 ambulance transportation in the amount of two hundred dollars.

508 Sec. 8. This act shall take effect July 1, 2000.

Statement of Purpose:

To implement the recommendations of the Legislative Program Review and Investigations Committee concerning the regulation of emergency medical services, phase two.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]